



Community, Care Setting, and Worksite Initiatives

Participatory Cohort Group Health Fairs: A New Approach to an Old Standby

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ABSTRACT

Health fairs, a component of health education programming for many years, generally offer an unstructured opportunity for participants to gather health information. This manuscript describes an alternative approach to a “traditional” health fair, which involves working with previously assessed and specifically targeted groups of people who move as a cohort cluster through a series of focused health fair booths receiving both in-depth information and skill-oriented opportunities.

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INTRODUCTION

Health fairs have been a component of health education programming for many years.¹ They are a channel for health agencies to distribute health promotion materials, conduct health screenings and to promote agency services.² Traditionally, health fairs conducted for the general population and held in community centers, shopping malls, churches² and outdoor venues provide much information but little in the way of skill development. Participants “wander” through various display booths, talk to agency personnel and gather printed materials to take home and peruse later.

These health fairs address a variety of health issues or showcase area organizations, but do little to provide specific developmental opportunities to increase general health promotion skills, or explain how to incorporate basic knowledge when making healthy decisions. Few activities are presented to enhance the decision-making process or to expand skills necessary to maintain positive

health status and healthy lifestyles.

Many health fairs do not target a particular audience, but instead use a “hit or miss” approach that does not provide in-depth information or skill-based opportunities to meet the health promotion needs of a specific group of individuals. Since most health fairs allow participants to meander through exhibits at their own pace,³ the participants may avoid the “boring looking” booths and instead only visit booths that are visually appealing, regardless of the personal value of the health information. In addition, most health fairs follow a medical model of diagnostic and treatment opportunities rather than an educational model of preventative skill-based education. The medical model, when traditionally employed, focuses less on preventing or delaying the onset of a health condition. The model also tends to be inadequate in providing practical skills to minimize effects of disease or other negative health conditions. Consequently, the medical model may not be appropriate for audi-

ences who are focused on health promotion issues appropriate to their circumstances and lifestyle needs.

The purpose of this manuscript is to describe a different approach to health fairs and to outline an organizational plan for providing such a health fair in any setting. With this alternative approach, health fairs can provide more efficient use of resources, including time, money and personnel, by better targeting audiences and providing participants with skill-based opportunities. Participants may learn how to prevent health problems and effectively address future health-related issues.

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EDUCATIONAL APPROACH

Just as children learn from a kinesthetic approach, so too can adults learn to internalize information and skills by viewing demonstrations, participating in simulations and discussing scenarios and good decision-making. Because "little evidence exists that the educational materials presented at health fairs lead to changes in behavior,"^{1(p. 632)} actual skill-based opportunities may provide a better mechanism to promote health behavior change than the traditional "information-only" tactic. The health fair as outlined below may be used effectively in the community, worksite, school, or clinical setting. The basic plan involves working with previously assessed and specifically-targeted groups of people^{1,4} who move as a cohort cluster through a series of focused health fair booths receiving both in-depth information and skill-oriented opportunities.

PLANNING AND IMPLEMENTATION

Because health promotion program planning is a multi-step process, it is imperative that planning a participatory cohort group health fair be extensive and detailed.⁵ To plan a participatory cohort group health fair successfully, several steps should be taken to ensure the cohesiveness and fluidity of the presentations. The first, and most important step, is identification of the target audience that would most benefit from a participatory cohort group health fair designed to provide relevant skills and information. Once the target audience is identified, the second step involves the selection of health-related topics that are both appropriate for and interesting to the target audience. Third, is the development of presentations and activities that address conceptual recognition and skill-development focused on the identified health topics. This type of participatory cohort group health fair necessitates a specified time period during which a cohort cluster attends each booth. The ability to develop skills and ask questions of a health professional¹ in simulated settings allows participants to gain experience managing their health-related decision-making processes.

SELECTION OF THE PRIORITY AUDIENCE

Selection of a priority audience may be determined by employers, worksite health assessments, regional health statistics, or may be based on requests from community agencies or local stakeholders. At this point, it is important that the priority audience be divided into smaller cohort groups that have specific health promotion issues in common. Even though the identified cohort group may not be homogeneous, unifying characteristics such as lifestyle, age-related concerns, or career issues should be used to conceptualize the health fair. Cohort groups can generally be expected to move through the booths together with or without a designated leader. To enhance learning levels, 4 - 10 individuals per participatory cohort group is practical for ease of movement, discussion and problem solving, and processing after the health fair. Health fair presenters should provide at least a 15 - 20 minute interactive skill-based opportunity for each participatory cohort group visiting their booth.

SELECTION OF HEALTH-RELATED TOPICS

As health fair plans begin to take shape, it is critical that the facilitators should spend extensive time identifying specific skills and information needed by the cohort group.⁶ To gather the necessary data for health fair booth development, focus groups of identified cohort participants may be informally interviewed or more formally surveyed to collect topics of interest. Employers, community leaders and others familiar with the cohort group and their needs may be surveyed for their opinions.⁵ These results can be added to topics, deemed through research data, to be beneficial to the targeted cohort group.⁷

ACTIVITY DEVELOPMENT

The critical component in the promotion of the participatory cohort group health fair model is the incorporation of skill development opportunities and the strengthening of decision-making proficiency. Therefore,

it is important to provide experiences to test the individual's capability. While such health fair opportunities may be brief, or provided in a simulation form, their kinesthetic pedagogical nature is more likely to enhance the participant's ability to understand and use the information and skills.¹ Rather than merely receiving a brochure or viewing a poster, the participant is allowed to act out the situations, "try on" the materials, use the skills, etc.

Using participatory cohort groups can play an important role in skill development. If a select group of participants is encouraged to travel through the health fair together, the group is better able to address problems. Participants should always be given enough time to practice skills or view simulated situations and to ask questions or pose additional scenarios. This may allow for extended conversation and additional use of the skills by the participatory cohort group, providing a baseline of knowledge and skills that the group can recognize and be comfortable in supporting. Similarly, health fair activities that provide skill-based learning can serve as a spring board for additional training opportunities.

Participants gain benefits attending a health fair that provides pertinent and timely health information and opportunities for health-related skill development geared toward the participatory cohort group members. Target populations may consist of individuals with different educational levels, diverse employment situations and a wide variety of income levels, even though they share the same health problems. It is the health educator's responsibility to be cognizant of common denominators in each cohort group in order to tailor the health fair to the needs and culture of that audience. The following examples demonstrate application of participatory cohort group health fairs designed for diverse populations in three of the four traditional health education settings.

Example #1 Worksite Settings

The participatory cohort group may consist of office staff who are generally sedentary and who have little time for lunch. Exercises



staff can complete at their desks and effective ways to add additional exercise to the work day, how to create nutritional carry-in meals, guidelines for fast and nutritious evening meals after a long day at work, communication tips, or time management skills may be among the topics presented.

Where the participatory cohort group may be more concerned with safety issues, the health fair booths may provide information and activities about safety goggle selection, the function and necessity of wearing designated clothing or specified footwear, or proper procedures for handling hazardous materials. Additional examples for this participatory cohort group may address issues of safely exiting the building in an emergency, how to provide immediate care for an injured colleague, or how to cope with discontented colleagues or clients.

Example #2 Community Settings

An example of a participatory cohort group in the community setting could be individuals requiring day care for a family member. Health fair booth activities such as how to communicate effectively with your day care provider, time management – the value of your time vs. their time, what to look for when selecting a day care facility, or how to ask questions without sounding aggressive may be offered. The booths can provide activities, checklists and practice sessions to allow participants to practice skills necessary when selecting and using a day care.

Example #3 Clinical Settings

In a clinical setting, such as an extended living center, the participatory cohort group health fair may incorporate presentations focusing on issues appropriate for individu-

als residing in the facility. Topics of interest may include strategies to maintain bone health and balance, nutrition tips to assist with changing metabolism or chronic disease management, or ways to address intimacy and relationship matters resulting from a change in living environment or loss of a partner.

IMPACT EVALUATION AND CLOSURE

At the conclusion of the participatory cohort group health fair activities, a short Likert-type scale evaluation could be given to the attendees to identify the immediate impact of the participatory cohort group health fair program. The questions may vary according to topics presented, but might include questions such as: (1) I feel confident that I can follow the steps presented in this program, (2) I am able to perform the skills identified in this activity, and (3) I recognize the importance of continuing the prevention skills introduced in this activity.

Whereas traditional style health fairs are frequently used and may be appropriate in some settings or at some times, it is much more likely that the participatory cohort group health fair format outlined in this paper will facilitate preventative actions that can improve quality of life. Research needs to be conducted to determine the efficacy of a participatory cohort group health fair as opposed to a “traditional” health fair. The participatory cohort group health fair model designed to impart skills such as decision-making, effective communication, injury prevention procedures and time management can be transferred to other life situations. Obviously, the participatory cohort group health fair model is not the only

mechanism that can facilitate the adoption of healthy behaviors. In the final analysis, the ideal of any health fair is that participants develop the skills and capabilities to keep them safe and healthy.⁴ Designing health fairs using the participatory cohort group approach outlined in this paper provides a unique opportunity for participants to observe, practice and critique specific skills that can enhance their health status now and in the future.

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